

Travel Expense Report * Fax with receipts to: (202) 690-6507

Name of Traveler: _____ **Email:** _____
Dates of Travel - From: _____ **To:** _____ **Phone:** _____
Mission Name: _____ ***Fax Number:** _____
Mailing Address (no PO box): _____ **SSN:** _____
City _____ **State** _____ **Zip** _____

	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Commercial Transportation <i>if self-paid only:</i>											
Booking Fee <i>if Self-paid Only:</i>											
List Lodging <i>if Self-paid Only:</i>											
Lodging Tax:											
Rental Car: <i>Do not itemize</i>											
Taxi/Shuttle:											
POV Mileage:											
Personal Phone Calls <i>must have detailed receipts:</i>											
Business Phone Calls <i>must have detailed receipts:</i>											
Other Expenses: Specify:											

* You must provide receipts for **all** items listed in this Expense Report. If a receipt cannot be provided to you by a vendor, please include a signed memo along with this form justifying the expense and reason for not obtaining a receipt.

Note: Laundry and Dry Cleaning expense will be reimbursed at the rate of \$2/day for Commissioned Corps Officers when in excess of 6 nights of travel.

This Expense Report must be turned in with all original receipts before your Travel Voucher can be processed.

Sending us a copy of your OMEGA itinerary will help us process your payment as fast as possible.

Fax number and SSN are essential. We will fax you an official voucher form.

Please fax your direct deposit form to (301) 443-8615.